EXHIBIT 1

<div align="center">

James Lawrence Thomas, Ph.D.
Clinical Psychologist & Neuropsychologist
19 West 34th Street, Penthouse
New York, New York 10001
212-268-8900

</div>

Cognitive Remediation
Assessment
Psychotherapy

June 3, 2015

Margaret Wong
Director of Client Services
NBOME   re: Bernadette Bibber
101 W. Elm St.
Conshohocken, PA 19328

Dear Ms. Wong,

I am responding to your letter dated 4/2/2015 in which you deny Bernadette Bibber the accommodation of extra time on the NBOME exam. I am providing new evidence of her disability in timed reading comprehension and I provide psychometric data delineating some underlying constructs that will help explain the nature of her neuropsychological issues.

Background. Bernadette Bibber was born deaf after a complex and difficult pregnancy (she was born two months late). After about 6 months her hearing emerged, but there were several medical problems in her early years — ear infection, removal of her tonsils and adenoids, earaches and frequent use of antibiotics.

Her parents were told to keep Bernadette in a warm humid environment in order to allow her ears to continue to form. Consultation with Dr. Haase in January of 1985 showed blood in the middle ear, bilaterally along with a lack of response to noises, as well as no cochleopalpebral reflex. Further hearing tests were done and Bernadette was determined to be clinically deaf. At a February appointment at CHOP, 4 month old Bernadette showed the startle reflexes of a newborn. From that point forward, Bernadette's hearing progressed normally.

All other normal milestones were met. At the age of 4 years, Bernadette was still having difficulty with the alphabet even though she had been in pre-school for two years. Bernadette completed two years of kindergarten before moving to first grade. The summer before first grade Bernadette went to a camp for extended learning time in order to help her keep learning the alphabet. Even though she had an above average vocabulary, Bernadette was still showing deficits in the alphabet.

In first grade, Bernadette continued to have issues with letters, words and reading, including transposing of letters and number, writing 5s and 3s backwards and confusing 6 and 9. Bernadette was evaluated and determined to have a visual-perceptual impairment and a phonological language processing difficult. She was classified as being perceptually impaired. These records are no longer available due to Bernadette's age and the loss of personal and school copies in Hurricane Sandy's flooding.

Bernadette continued to have significant support, one-on-one instruction, extended time and someone to read questions on standardized tests from first grade to sixth grade. In sixth grade, St. Rose of Lima stopped offering this support due to budget constraints, but they continued to offer extended time and someone to read questions. From fifth grade to eighth grade, Bernadette's parents had her privately tutored at the Total Learning Center with Marge Weiner to compensate for the loss of this support.

In eighth grade, Bernadette was switched to a 504 plan because with accommodations such as extended time, study guides, copies of notes and no penalties for spelling mistakes, Bernadette was able to meet expectations. Throughout high school, Bernadette continued to use the accommodations stated in her 504 plan.

All standardized tests from grade school through high school, Bernadette was given extended time. Extra time on these tests included the IOWA, Terra Nova, HSPA, PSAT, SAT, SAT Subject and AP.

In college, Bernadette underwent further evaluation in order to get accommodation in regards to the language requirement at Colby College. Through the evaluation, Bernadette was determined to have ADD and she continued to exhibit deficits associated with dyslexia. Accommodations received during college included extended time on exams, copies of notes, exemption from language requirements and no penalties for spelling mistakes when grading handwritten exams.

Bernadette took both the MCAT and GRE without extended time because she could not afford the three to five thousand dollars needed to be re-evaluated. Without the extended time, she scored in the low percentiles (e.g., 38%, 37%, 58% for her MCAT) because she could not read the questions fast enough to complete all the questions in the sections. The MCAT is a good predictor of success in the pre-clinical years of medical school, but Bernadette has done better than would have been expected based on her MCAT score.

In medical school, Bernadette continues to receive accommodations in the form of extended time on exams and quizzes and testing in a quiet area. Bernadette also uses the scribe service started by her class to augment any deficit in her note taking abilities.

Brief Record Review. *Psychological Evaluation, Learning Assessment and Integrated Team Conclusions, August and September, 2013.* These three documents comprise the assessment of Ms. Bibber for her learning disability and attention deficit disorder. Both of these diagnoses were confirmed. Of importance is that her timed *Reading Comprehension* score from the *Nelson-Denny Reading Test (Form G)* was at the 6th percentile, but when given extra time Ms. Bibber scored at the 99th percentile. Recommendations included extra time for test taking.

It is important to note that there are some significant psychometric problems with the Rowan University Psychological reports (dated 8/22/13, 8/23/13, 9/3/13). The *Wechsler Individual Achievement Test-III* (WIAT-III) was used for this 28 year old medical student. However, the normative sample upon which the scores are based contains no subject older than 19 years old and no subjects beyond post-secondary grade (see the Lichtenberger & Breaux, 2010 reference in the Appendix, p. 241). Thus, Ms. Bibber's scores would be compared to a much lower level normative group, and therefore the *WIAT-III* scores should not be considered a valid representation of Ms. Bibber's abilities. It is no wonder her scores look higher than her very slow timed reading comprehension as found twice on the *Nelson-Denny Reading Test* (in the current and the 2013 evaluation).

Letter from Kai Mon Lee, Faculty, School of Osteopathic Medicine, 4/29/2015. This letter states that Ms. Bibber has been provided the accommodations of time and one half and taking exams in a separate room.

Bernadette Bibber response to NBOME denial   *June 4, 2015*   *p. 3*

Letter from Diana Hanbury King, Education expert in dyslexia, 11/24/2003. Ms. King, who is a pioneer in treating dyslexia, evaluated Ms. Bibber, and noted several cognitive problems strongly related to dyslexia but also memory problems. Ms. King noted that Ms. Bibber's family has dyslexia throughout the family, and that all three of her siblings have this disorder and have had trouble in school. Some details of her history in learning disabilities are described, as well as the recommendation that Ms. Bibber be allowed to have a foreign language waiver.

Psychological Evaluation by Amy Schoenthaler-Ervin, PhD, 11/28/05. This evaluation only considered Attention Deficit Disorder (ADD) and indeed this diagnosis was confirmed. A WAIS-III was given, and her Full Scale IQ was 128 with little variation in subtest scores. A continuous performance test and symptom report were consistent with the ADD diagnosis.

Learning disability evaluation by Phoebe Liss, EdD, 12/31/04. This evaluation consisted of some achievement tests given, but the focus was on attention deficit disorder. Weaknesses were noted in spelling, word attack and working memory, but a timed reading comprehension test was not given.

Documentation of Dyslexia and Background, Total Learning Center, Neptune, NJ, Marge Wiener, MA, 1/28/15. This report noted that Ms. Bibber was diagnosed at the Total Learning Center in the Fifth grade. The details of the symptoms of dyslexia are spelled out as related to Ms. Bibber, and the recommendations included extra time in taking tests so that Ms. Bibber can demonstrate her ability.

Test Results

In a previous report (Rutgers, 2013), Ms. Bibber's *WAIS-IV Full Scale IQ* was 124, at the 95th percentile. Since this data is recent, it is legitimate to use this as a comparison to other cognitive factors which can help explain the nature of Ms. Bibber's learning disability in reading. In addition, this level of IQ (over 120) has been replicated several times throughout her development, and should be considered as stable in this person's cognitive profile. According to my understanding of the *Americans with Disabilities Act* and the *Diagnostic and Statistical Manual of the American Psychiatric Association-5th Edition (DSM-V)*, a learning disability is defined as having some learning function below average compared to one's peers. I gave a number of tests to Ms. Bibber, and these results indicate that she qualifies for having a learning disability in reading, specifically this is a *Specific Learning Disorder with Impairment in Reading (315.00)*.

I gave her the *Nelson-Denny Reading Test* using *Form H*, since she had been given the same test in 2013 using *Form G*. Giving her this alternate form was to preclude a practice effect. Her score on the timed *Reading Comprehension* measure was at the 5th percentile, which is within the same range as the 2013 score, which was at the 6th percentile. In both cases, this score is below average, which qualifies her as being learning disabled in reading fluency (DSM-V, p. 67).

The underlying congitive problems are noted in the table found in the Appendix. I gave Ms. Bibber measures from the *Woodcock-Johnson Battery-III* and the *Halstead-Reitan Neuropsychological Battery*. Several deficits were revealed including speeded visual processing (*Visual Matching*, 9th percentile; *Pair Cancellation*, 12th percentile), rapid language processing (*Rapid Picture Naming*, at the 23rd percentile), auditory attention (*Auditory Attention, Numbers Reversed*). All of these tests are from the *Woodcock-Johnson Battery-III*.

Some measures from the *Halstead-Reitan Neuropsychological Battery (HRB)* were also given. It is very likely that with Ms. Bibber's very difficult early years some mild brain dysfunction resulted. This is why neuropsychological measures were given. In addition to this early trauma, Ms. Bibber comes from a family in which most family members also have dyslexia— all three of her siblings and her father have dyslexia. The scores from the HRB which were in the impaired range are noted below.

On the *Speech-Sound Perception Test*, the patient is asked to identify nonsense words heard on a tape from an array of 5 words in a row. Ms. Bibber made 15 errors on this phonological processing test, which is a classic problem in those who have dyslexia. Similarly, on the *Rhythm Test* the patient is asked to identify different rhythms that become progressively more difficult; she scored in the impaired range.

On the *Tactual Performance Test* the patient is asked to place blocks into a form board while blind folded with the dominant hand, the non-dominant hand, then with both hands. The person is asked to then draw the board from memory on a piece of paper, drawing the blocks in their proper location. She scored in the below average range on the *Location* measure, indicating that memory for spatial processing was very weak (and below average).

Comment of Ms. Bibber's deficits in cognitive processing. The deficits revealed in this evaluation include 1) speeded visual processing, 2) phonological processing, and 3) memory for spatial processing (such as remembering what you read). All of these cognitive functions are involved with reading, and help explain the nature of Ms. Bibber's very slow reading.
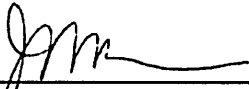
In has been mentioned above that the data from the Rowan University Assessment and Learning Center was likely invalid because their normative group did not have anyone with a higher grade than the 12th grade, and that no one in this group was older than 19 year old. The data in the current evaluation is normed by age and education relevant to Ms. Bibber's demographic factors. A detailed list of scores indicating the underlying cognitive deficits is presented in the Appendix.

Addressing the six points of your 4/2/15 letter. To be clear about addressing your 6 points in your 4/2/15 letter, this evaluation covers these point. My comments are noted below.

1. It has been proven that Ms. Bibber scores in the below average range in timed reading comprehension, as measured by a well accepted reading test.

2. That Ms. Bibber has very slow reading comprehension limits her functioning in an important life activity, reading, and this impairs her ability in studying medical textbooks as well as taking very difficult tests in the field of medicine.

3. Ms. Bibber has a well documented history of dyslexia and attention deficit disorder. She has had accommodations of extra time since her earliest years, and the above records prove this.

4. See number 3 above.

5. In this and the 2013 evaluation, below average timed reading comprehension was proven. Her score was below average compared to her normative group, according to the Nelson-Denny Reading Test. This is cross-validated by two separate testing situations 2 years apart, with different forms. This represents solid psychometric evidence.

6. Whether Ms. Bibber took other exams and scored within a certain range is not relevant. What is relevant is that she qualifies as being learning disabled under the *Americans with Disabilities Act*, as long as the measures provided are within the acceptable professional standards (and they are). It is worth noting that the medical board exams are likely to be far more difficult than almost any other exam in this society, and it is well-known that as exams become more difficult, those with learning disabilities are likely to have more difficulty. Therefore, accommodations of extra time are very important for someone with a learning disability in reading.

Summary Comments and Recommendations. Ms. Bibber qualifies as having a learning disability in reading (*Specific Leaning Disorder with Impairment in Reading, DSM-V 315.00*) in that she has a timed reading comprehension score in the below average range. This is in the context of an above average intelligence level. She reads in a manner and duration that is below average. Therefore, she qualifies as deserving extra time (time and one half) on examinations in accord with the *Americans with Disabilities Act*.

J. Lawrence Thomas, PhD
Neuropsychologist

Credentials: James Lawrence Thomas, PhD, is a clinical psychologist and neuropsychologist, on the Faculty of several universities for over 30 years (NYU Medical Center 32 years, Fordham, John Jay College, Albert Einstein College of Medicine) , with seven books to his credit, one of which is *Do you have Attention Deficit Disorder?* (Dell, 1996). He has specialized in diagnosing and treating adult ADD, LD and mild head injury for over three decades, and has post-doctoral certificates in cognitive therapy, EEG Biofeedback, and neuropsychology. Dr. Thomas has degrees from Yale, UC Berkeley, and CUNY (Clinical Psychology, 1980), is Past President of the Independent Practice Division of the *New York State Psychological Association* (NYSPA) and the Neuropsychology Division of NYSPA. He is on the Board of Directors of the *International Dyslexia Association (now Everyone Reading)*; he is a full member of the *International Neuropsychology Society*, the *National Academy of Neuropsychology*, the *American Psychological Association*, is a Lifetime Professional Member of the *National Brain Injury Foundation*, and a Fellow of the *Foundation for Behavioral Health*, and is Senior Fellow in the *International Society for Neurofeedback and Research*. He was awarded the *Distinguished Service Award* by the New York State Psychological Association in June of 2000. In October of 2001, Dr. Thomas was elected as *Distinguished Practitioner of Psychology* in the National Academies of Practice.

Bernadette Bibber response to NBOME denial   *June 4, 2015*   *p. 6*

Appendix

Discrepancies between *WAIS-IV FSIQ* and *Woodcock-Johnson-III* Cluster and subtest scores, and measures form the Halstead-Reitan Neuropsychological Battery (HRB)	*Percentile score [Z score]*	*Standard deviation difference from WAIS-IV FSIQ of 124 [z=1.60]*
Cognitive Efficiency	**16 [-1.0]***	**-2.60**
Broad Attention	**13 [-1.13]***	**-2.73**
Auditory Processing	30 [-0.52]	-1.12
Short-Term Memory	30 [-0.53]	-1.13
Auditory Attention	**1 [-2.53]***	**4.13**
Numbers Reversed	25 [-0.69]	-2.29
Rapid Picture Naming	23 [-0.75]	-2.35
Visual Matching	**9 [-1.43]***	**-3.03**
Pair Cancellation	12 [-1.17]	-2.77
Halstead-Reitan Battery Measures		
Tactual Performance Test–Memory-8 correct	32 [-0.50]	-2.10
Tactual Performance Test–Location-4 correct	**16 [-1.0]***	**-2.60**
Speech-Sound Perception Test – 15 errors	**1 [-2.33]***	**-3.93**
Rhythm Test – 8 errors	**2 [-2.0]***	**-3.60**
Trail Making Test – Part B – 65"	**7 [-1.50]***	**-3.10**

* *and Bold type means that this score is below average*

Other scores from HRB

Booklet Category Test – 7 errors – within normal limits

Tactual Performance Test: Time measures (Right, Left, Both hands) – All within normal limits

Trail Making Test: Part A: 27 seconds - within normal limits

Trail Making Test: Part B: – 65 seconds - within normal limits

Nelson-Denny Reading Test (Form H)	Standard Score	Percentile	number correct/number attempted
Reading Comprehension–Timed	190	5	20 correct/ 23 attempted
Reading Comprehension–Untimed - 9'18" over	231	46	33 correct/ 38 attempted
Reading Rate	160	1	

Lichtenberger, B., & Breaux, K. (2010). *Essentials of WAIT-III and KTEA-II assessment.* Hoboken, NJ: Wiley, p. 241.

Name: Bibber, Bernadet   Examiner: JL Thomas
Date of Birth: ████1984
Age: 30 years, 8 months
Sex: Female
Date of Testing: 06/02/2015

TABLE OF SCORES *Woodcock-Johnson III Normative Update Tests of Cognitive Abilities and Tests of Achievement (Form A)* WJ III NU Compuscore and Profiles Program, Version 3.0 Norms based on age 30-8

CLUSTER/Test	Raw	W	AE		EASY	to	DIFF	RPI	PR (90% Band)		z
COG EFFICIENCY (Std)	-	505	10-8			9-1	13-0	44/90	16	(9-25)	-1.00
AUDITORY PROCESS (Ga)	-	505	11-11	7-9		>25	77/90	30	(20-42)		-0.52
SHORT-TERM MEM (Gsm)	-	508	11-6	9-6		14-10	61/90	30	(19-43)		-0.53
PHONEMIC AWARE	-	518	>27	13-9		>27	92/90	56	(39-71)		0.14
WORKING MEMORY	-	514	12-11	10-7		16-6	68/90	30	(21-41)		-0.51
BROAD ATTENTION	-	503	10-7	8-5		13-4	52/90	13	(8-19)		-1.13
PHON/GRAPH KNOW	-	526	>30	15-2		>30	93/90	65	(37-86)		0.38
Sound Blending	27	528	>25	17-8		>25	95/90	62	(45-76)		0.30
Visual Matching	38-2	500	9-11	8-7		11-10	35/90	8	(4-14)		1.43
Numbers Reversed	13	509	11-6	9-9		14-3	53/90	25	(13-41)		0.69
Incomplete Words	25	508	19	8-10		>30	87/90	45	(31-60)		0.13
Auditory Working Memory	25	519	14-6	11-9		>21	81/90	39	(28-51)		0.27
Retrieval Fluency	90	507	>30	8-0		>30	90/90	52	(32-71)		0.04
Auditory Attention	25	482	5-4	4-0		6-11	38/90	1	(<1-3)		-2.53
Memory for Words	17	507	11-6	9-2		15-10	69/90	34	(17-56)		-0.41
Rapid Picture Naming	116	509	13-3	10-3		16-11	67/90	23	(16-30)		0.75
Pair Cancellation	56	500	10-6	8-6		12-6	34/90	12	(9-16)		1.17
Word Attack	30	530	>30	15-3		>30	93/90	58	(2883)		0.20
Spelling of Sounds	37	522	>29	15-0		>29	94/90	70	(34-93)		0.52

EXHIBIT 2

Page 7 of 7

ROWAN UNIVERSITY
ASSESSMENT AND LEARNING CENTER
GLASSBORO, NJ 08028

LEARNING ASSESSMENT

Name:	Bernadette Bibber	**Date of Evaluation:**	8/23/13
Address:	2506 Burrough's Mill Circle	**Date of Birth:**	████84
	Cherry Hill, NJ 08002	**C.A.:**	28 years 10 months
School:	Rowan University	**Examiner:**	Maria L. Palmieri, M.A.
			NJ Certified Learning Consultant

Reason for Referral:

Bernadette Bibber was referred to provide updated information concerning her present cognitive and academic status to determine continued eligibility for Section 504 Accommodations as she pursues her studies at Rowan University School of Biomedical Sciences.

Educational Background/Student Interview:

Bernadette provided information regarding her school years. She attended private school from kindergarten through 12th grade, including St. Rose of Lima in Freehold, NJ for elementary and middle schools and the Marine Academy of Science and Technology in Highlands, NJ for high school. Bernadette was retained in kindergarten due to difficulty learning the alphabet and was diagnosed with dyslexia in elementary school. She began receiving accommodations and small group instruction in first grade through a 504 Plan. She also reported receiving speech and language therapy in elementary school. Mrs. Bibber attained private tutoring for Bernadette from fourth through eleventh grades. Bernadette's tutor utilized the Orton-Gillingham Wilson Reading System, which Bernadette attributes to her academic success. After graduating high school, Bernadette attended Colby College, which she described as "difficult." However, she pursued her MBS at Rutgers Graduate School of Biomedical Sciences, attaining a 3.9 grade point average. Bernadette is currently entering her first year at Rowan University's School of Medicine. She plans to specialize in one of the following areas: primary care or obstetrics and gynecology. Bernadette's 504 Plan has been in place in all academic settings from elementary school through graduate school. She has received extended time for tests and was exempt from the three mandatory years of foreign language at Colby College. Although Bernadette functions adequately academically, she experiences difficulty with timed tasks, indicating that she feels

frustrated when she does not have enough time to read with adequate speed and comprehension. She explained that she needs more time to read and comprehend dense reading with more advanced vocabulary, as is found in medical school texts.

1

Bernadette's most recent psychological evaluation was completed by Phoebe Liss, Ed.D., Learning Disability Consultant, on 12/31/2004. Results of the Wechsler Adult Intelligence Scale - III revealed verbal concepts and perceptual organization skills within the very superior range and working memory and processing speed skills within the average range. These results indicated that Bernadette's verbal and nonverbal skills were significantly better developed than her working memory and processing speed skills. Dr. Liss noted that Bernadette's cognitive profile is "statistically and diagnostically significant for dyslexia."

Assessments Administered:

Wechsler Individual Achievement Test (WIAT-III)
Nelson-Denny Reading Test
Student Interview
Background Information

Clinical Behavior:

Bernadette Bibber attended one session at the Assessment and Learning Center of Rowan University. She arrived promptly, casually dressed and engaged in conversation with the examiner easily. She is currently enrolled in the Rowan Graduate School of Biomedical Sciences and stated that she earned 3.9 GPA in graduate school She was very enthusiastic during the evaluation with a positive attitude. Bernadette is right hand dominant with a tripod grip.

Test Results and Discussion:

Reading:

Test results of the WIAT-III are being compared to a norm reference sample of students 28 years 10 months of age. Scores are reported as Standard Scores with an average range of 85-115 and percentile with an average percentile score of 50. On the Word Reading subtest of the WIAT-III, which presents words in isolation to be read orally, Bernadette read carefully with a phonemic approach. She earned a Standard Score of 107, 68th percentile which is average for her age. She had difficulty with suffixes, consonant digraphs and adding additional letters. She was then given the Pseudoword Decoding test, which is composed of nonsense syllables and words presented in a list, to determine her phonemic awareness skills. Bernadette earned a Standard Score of 101, 53rd percentile, average range. She had difficulty with vowel digraphs, suffixes, consonant digraphs, consonant blends and long vowels. On the Reading Comprehension subtest, Bernadette was given the choice to

read passages silently or orally and chose to read silently. She was then asked comprehension questions on each story. At times, Bernadette referred back to the passage to retrieve response to the questions. Bernadette attained a Standard Score of 94, 34th percentile, average range. Bernadette responded either with partial or full credit to 91% of

2

the factual questions and 71% of the inferential questions. A subtest measuring Oral Reading Fluency and Accuracy was given. On this subtest Bernadette read with no errors and earned a Standard Score of 95, 37th percentile, average range. Her Reading Rate Standard Score was 95, 37th percentile, average range and her Oral Reading Accuracy was above average, Standard Score 118, 88th percentile. All subtests are combined for a Total Reading Composite Standard Score of 97, 42nd percentile which is within the average range of scores when compared to others of her age. Bernadette's Composite Basic Reading Standard Score of 104, 61st percentile, was in the average range as was her Composite Reading Comprehension and Fluency Composite Standard Score of 93, 32nd percentile.

An additional assessment of Bernadette's silent reading fluency was given. The Nelson-Denny Reading Test was given with a standard format and an extended time version. The first subtest was given with Standard Time limitations, 20 minutes. Bernadette attained a Rate of Reading in the 1st percentile, first stanine, indicating very low range. Her Comprehension score placed her in the 6th percentile, 10.1 G.E., second stanine, low range. On the Extended-time version measuring Comprehension, she attained a score placing her in the 99th percentile 18.9 G.E., ninth stanine, indicating above average. Bernadette was given 32 minutes on the extended version and completed all tasks. Her rate of accuracy was 100 percent. Her ability to correctly read and respond to the comprehension questions improved greatly when extended time was given to Bernadette. Bernadette's comprehension skills diminish on timed tasks involving sustained reading due to her history of reading disability.

In reviewing the battery of reading tests, Bernadette's ability in total reading, basic reading and reading comprehension and fluency are within the average range; however the scores in Reading Comprehension and Fluency are significantly discrepant with the predicted scores based upon her FSIQ Score of 124 on the WAIS-IV. Also, Bernadette's General Ability Index (GAI), which is a cognitive aptitude score utilizing only verbal comprehension and perceptual reasoning (excludes working memory and processing speed), was obtained; her overall score was even stronger at 133, falling within the superior range. These results can also be used as a comparison with her scores in reading; there is a significant discrepancy in Oral Reading fluency, Total Reading and Reading Comprehension/Fluency when her GAI score of 133 on the WAIS-IV is used to compare her actual and predicted scores.

Math:

Bernadette's mathematical achievement was assessed using the WIAT-III. Several subtests were administered to Bernadette to yield scores in calculation, fluency and problem solving. On the Numerical Operations subtest of the WIAT-III, a pencil and paper test of

calculation, Bernadette attained a Standard Score of 125, 95 percentile, above average range when compared to other 28 year 10 month old students. On the Problem Solving subtest of the WIAT-III, word problems were read to Bernadette, visual clues are placed in front of her and she was given a paper and pencil to use as needed to solve presented problems. On this subtest, which is untimed, Bernadette earned a Standard Score 121, 92nd

3

percentile which is in the above average range when compared to peers of her age. Bernadette was then presented with the Math Fluency subtests in addition, subtraction and multiplication. These are individually timed tests of facts. She was given one minute on each subtest to complete as many facts as was possible. On the Addition Fluency subtest, Bernadette earned a Standard Score 92, 30th percentile which is in the average range. Subtraction she attained a Standard Score of 99, 47th percentile which is average, and on both the Multiplication Fluency, she earned a Standard Score of 105, 63rd percentile, which is in the average range. All Math Fluency subtests are combined for a Math Fluency Composite (math facts) and Bernadette earned a Composite Math Fluency Standard Score of 99, 47th percentile which is average when compared to other 28 year, 10 month old students. Math Problem Solving and Numerical Operations are combined to yield a Math Composite Standard Score of 125, 95th percentile which is above average.   .

Bernadette's calculation skills and problem solving skills are in the above average range; her math fluency skills are within the average range when compared to other 28 year 10 month old students in the norm reference group.

Language:

Oral and written language skills were measured on the WIAT-III and compared to a norm reference sample of 28 year, 10 month old students. Oral Language is measured by the Listening Comprehension subtest and the Oral Expression subtest. The Listening Comprehension subtest is composed of two sections. The first section measures receptive vocabulary. Bernadette was presented with a page of four pictures, a word was stated, and she needed to identify the appropriate matching picture. Bernadette earned a Standard Score of 117, 87th percentile, which is above average. On the second section of the Listening Comprehension, Oral Discourse, short passages were presented orally to Bernadette. Bernadette listened to the passages and responded to specific questions based upon the content. Bernadette earned a Standard Score of 113, 81st percentile, average. Her overall Listening Comprehension Standard Score was 116, 86th percentile, above average range when compared to others in the norm reference group of her age. The Oral Expression subtest is composed of three sections: Expressive Vocabulary, Oral Word Fluency, and Sentence Repetition. The first section, Expressive Vocabulary, the student is shown a picture and asked to provide a word that responds to a command (i.e. *"Tell me a word that means a small place where clothing is stored"*). Bernadette earned a Standard Score 124, 95th percentile which is above average. On the second section, Oral Word Fluency, Bernadette was required to name as animals and colors within an allotted time period (one minute) for each. She earned a Standard Score 127, 96th percentile which placed her in the above average range of scores when compared to 28 year, 10 month old students in the norm reference group. On the third section, Sentence Repetition, Bernadette

students in the norm reference group. On the third section, Sentence Repetition, Bernadette was required to repeat sentences verbatim that were presented to her. She earned a Standard Score 97, 42nd percentile, average range. On the shorter sentences, Bernadette was able to repeat verbatim, as the sentences became longer, she retained the gist of the sentences but was unable to repeat verbatim. These three subtests are combined for the Oral Expression Standard Score of 120, 91st percentile, above average range. The Listening Comprehension

4

and Oral Expression are combined to yield an Oral Language Composite Standard Score of 121, 92nd percentile, above average range when compared to others of her age in the norm referenced group.

Bernadette's Oral Language is within the above average range overall; her listening and oral expression are above average. Individual subtests indicate that Bernadette can retrieve information and express herself competently.

Bernadette's Written Expression was measured on several subtests of the WIAT-III, Sentence Composition, Essay Composition and Spelling. Sentence Composition includes Sentence Combining and Sentence Building. On the Sentence Combining subtest the student is given two or three short sentences to combine into one well-written sentence without changing the meaning of the original sentences. Bernadette performed above average in this subtest, earning a Standard Score 121, 92nd percentile. On the Sentence Building subtest, Bernadette was presented with an isolated word and required to construct a well written sentence using the word appropriately. Bernadette earned an above average score, Standard Score 116, 86th percentile. These two subtests are combined to yield a Sentence Composition Standard Score of 122, 93rd percentile, above average range. On the Essay Composition subtest, Bernadette was given 10 minutes to write an essay describing a favorite game and to provide three reasons to support the choice. Bernadette chose to write about the game of *Solitaire*. Her essay consisted of one paragraph which included an introduction, three reasons, two elaborations, and one transition. Bernadette did not include a sufficient conclusion. She earned a Standard Score of 111, 77th percentile for her overall Essay Composition score, which is in the average range. Her Theme Development and Text Organization Standard Score of 97, 42nd percentile is within the average range of scores. Her word count was within the above average range, Standard Score 124, 95th percentile. Bernadette also earned an above average Standard Score of 121, 92nd percentile for Grammar and Mechanics. Bernadette was administered the Spelling subtest of the WIAT-III. She was asked to write words that are dictated and used in a sentence to clarify meaning. Bernadette earned a Standard Score of 114, 82nd percentile which is in the top end of average range of scores. She was unable to correctly respond to words which included double consonants (**suppose, conferred, impeccable**), suffixes (**flirtatious**), and silent consonants (**gherkin**). Bernadette's overall Composite Standard Score in Written Expression is 121, 92nd percentile, above average range. Bernadette's ability in written expression is within the above average range; her overall essay writing is average and spelling is average; her Sentence Composition, Word Count and Grammar/Mechanics is above average.
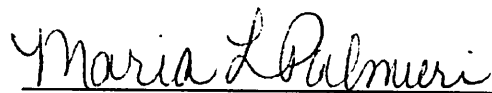
Summary:

Bernadette Bibber, a 28 year, 10 month old female student was referred to provide updated information concerning her present cognitive and academic status to determine continued eligibility for Section 504 Accommodations as she pursues her studies at Rowan University School of Biomedical Sciences. This evaluation indicates that Bernadette's strength lie in the above average ability level in her overall Oral Language Composite (SS121), Written

5

Expression (SS121), Mathematics (SS125) and Total Achievement (SS116). Bernadette scored within the average range in Total Reading (SS97), Basic Reading (SS104) and Reading Comprehension and Fluency (SS93); however when comparing these scores to her predicted scores based upon her FSIQ of 124 on the WAIS-IV a significant discrepancy is noted in Reading Comprehension (SS94) and Composite Reading Comprehension and Fluency (SS93). Further assessment on the Nelson-Denny Reading Test was presented in the Standard and Extended-Time versions, Bernadette improved from the 6th percentile to the 99th percentile with Extended Time. When Bernadette's GAI (General Ability Index) of 133 on the WAIS-IV is used to compare her predicted and actual achievement scores, significant discrepancies are noted in Reading Comprehension (SS94), Oral Reading Fluency (SS95), Total Reading (SS97) and Reading Comprehension/Fluency (SS93).

Recommendations will be made at an interpretive conference with Bernadette when the Psychological Evaluation and this Learning Evaluation will be integrated. It was my pleasure to work with Bernadette. Please feel free to contact me with further questions.

Maria L. Palmieri, M.A.
NJ Certified Learning Consultant
Rowan University
(856) 256-4500 x4512

6

WAIS-IV

WIAT-III

WIAT–III Results

Subtest Score Summary

Subtest	Raw Score	Standard Score	95% Confidence Interval	Percentile Rank	Normal Curve Equiv.	Stanine	Grade Equiv.	Age Equiv.	Growth Score
Listening Comprehension	—	116	106–126	86	72	7	N/A	N/A	N/A
Reading Comprehension	37*	94	82–106	34	42	4	N/A	N/A	N/A
Math Problem Solving	66	121	114–128	92	79	8	N/A	N/A	N/A
Sentence Composition	—	122	112–132	93	81	8	N/A	N/A	N/A
Word Reading	70	107	100–114	68	60	6	N/A	N/A	N/A
Essay Composition	—	111	100–122	77	65	7	N/A	N/A	N/A
Pseudoword Decoding	42	101	94–108	53	51	5	N/A	N/A	N/A
Numerical Operations	53	125	119–131	95	85	8	N/A	N/A	N/A
Oral Expression	—	120	111–129	91	78	8	N/A	N/A	N/A
Oral Reading Fluency	141*	95	88–102	37	43	4	N/A	N/A	N/A
Spelling	57	114	108–120	82	70	7	N/A	N/A	N/A
Math Fluency—Addition	42	92	80–104	30	39	4	N/A	N/A	N/A
Math Fluency—Subtraction	40	99	90–108	47	49	5	N/A	N/A	N/A
Math Fluency—Multiplication	36	105	96–114	63	57	6	N/A	N/A	N/A

— Indicates a subtest with multiple raw scores (shown in the Subtest Component Score Summary).

* Indicates a raw score that is converted to a weighted raw score (not shown).
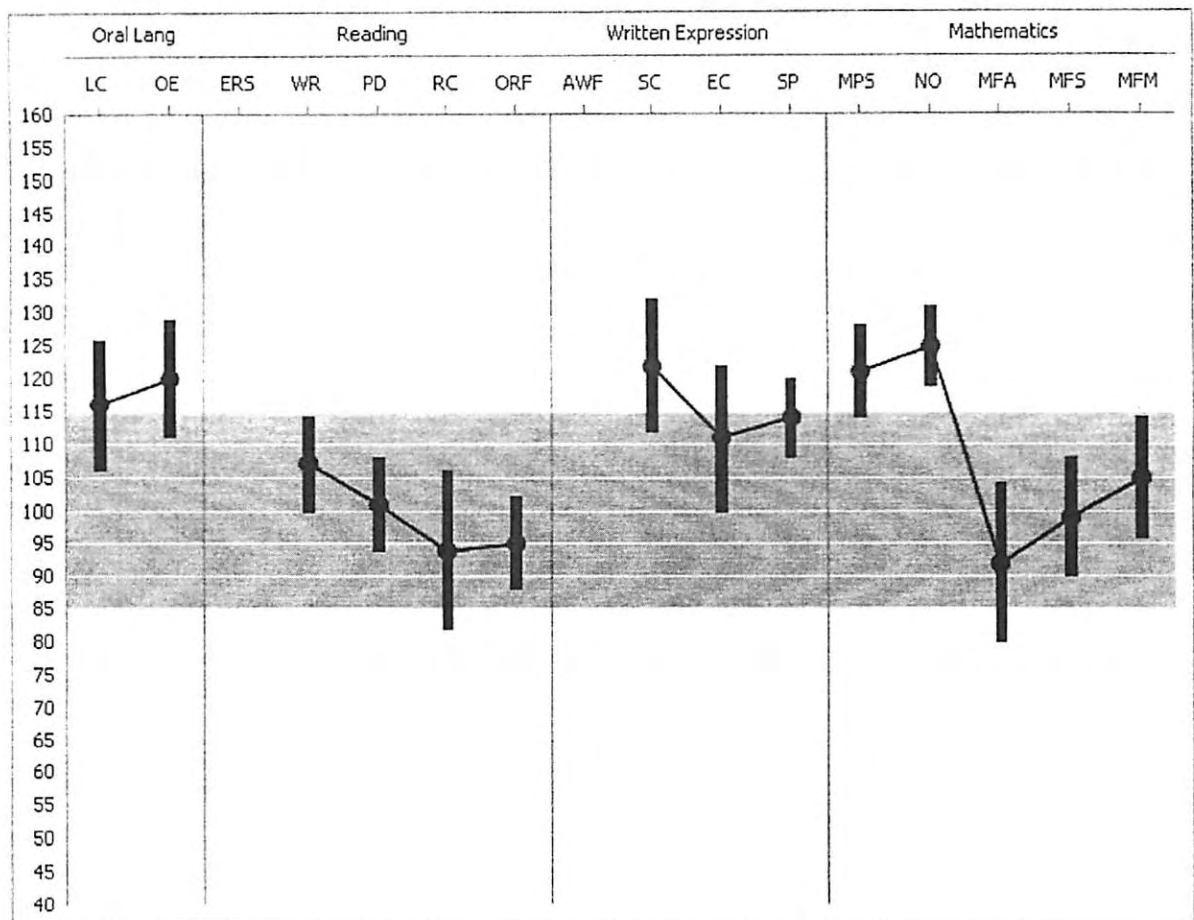
† Indicates that a raw score is based on a below grade level item set.

Bernadette Bibber
Page 6 of 11

WAIS-IV

WIAT-III

Subtest Score Profile

Note. The vertical bars represent the confidence interval at 95%.

Supplemental Subtest Score Summary

Score Name	Raw Score	Standard Score	95% Confidence Interval	Percentile Rank	Normal Curve Equiv.	Stanine	Grade Equiv.	Age Equiv.	Growth Score
Essay Composition: Grammar and Mechanics	190	121	109–133	92	79	8	N/A	N/A	N/A

~~Grammar and Mechanics~~	~~---~~	~~---~~	~~--- ---~~						
Oral Reading Accuracy	375*	118	103–133	88	75	7	N/A	N/A	N/A
Oral Reading Rate	160*	95	87–103	37	43	4	N/A	N/A	N/A

* Indicates a raw score that is converted to a weighted raw score (not shown).

Cumulative Percentages

Word Reading Speed	The score is the same as or higher than the scores obtained by 25% of students in the normative sample; 75% of students in the normative sample scored higher than this score.
Pseudoword Decoding Speed	The score is the same as or higher than the scores obtained by 10% of students in the normative sample; 90% of students in the normative sample scored higher than this score.

Bernadette Bibber
Page 7 of 11

WAIS-IV   WIAT-III

Subtest Component Score Summary

Subtest Component	Raw Score	Standard Score	Percentile Rank	Normal Curve Equivalent	Stanine	Qualitative Description
Listening Comprehension						
Receptive Vocabulary	18	117	87	74	7	Above Average
Oral Discourse Comprehension	23	113	81	68	7	Average
Sentence Composition						
Sentence Combining	24	121	92	79	8	Above Average
Sentence Building	28	116	86	72	7	Above Average
Essay Composition						
Word Count	202	124	95	84	8	Above Average
Theme Development and Text Organization	8	97	42	46	5	Average
Oral Expression						
Expressive Vocabulary	17	124	95	84	8	Above Average
Oral Word Fluency	50	127	96	88	9	Above Average
Sentence Repetition	23	97	42	46	5	Average

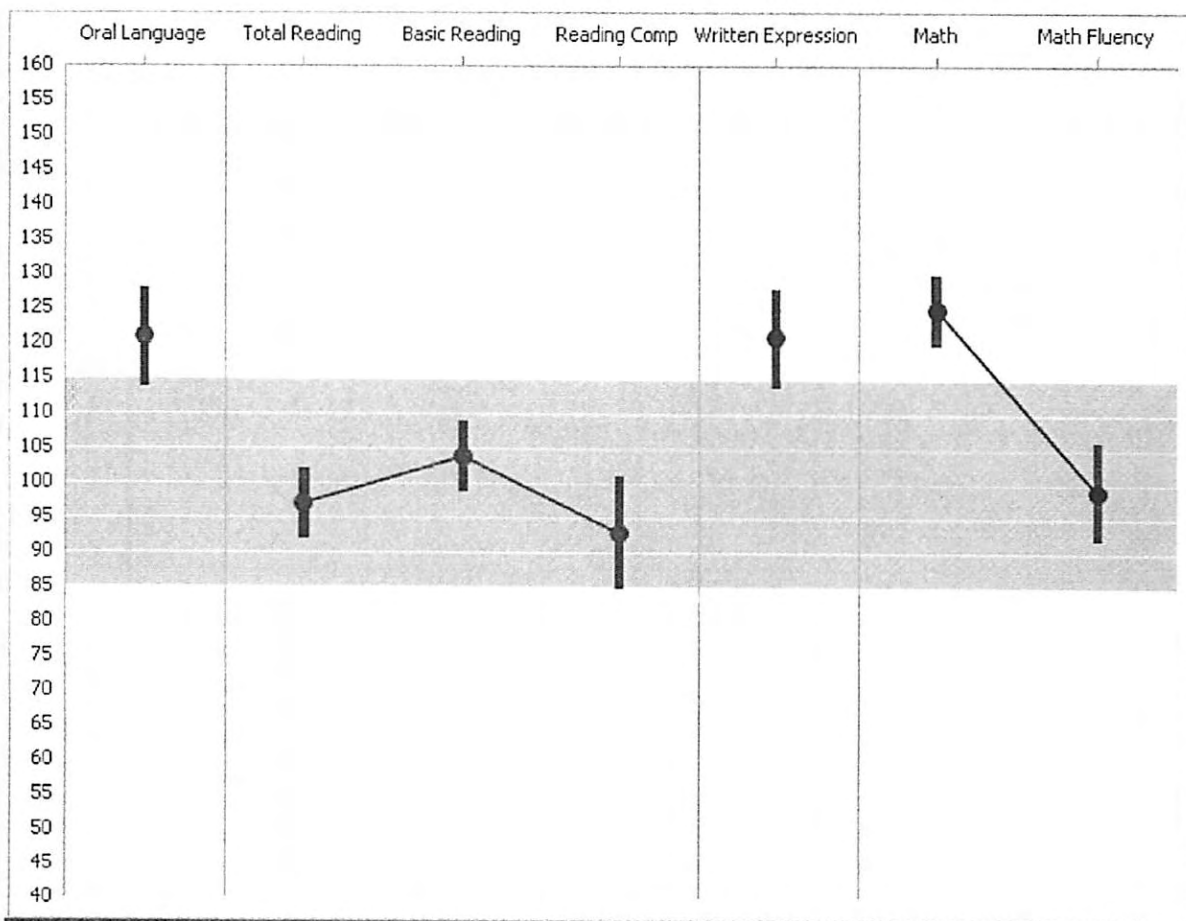## Composite Score Summary

Composite	Sum of Subtest Standard Scores	Standard Score	95% Confidence Interval	Percentile Rank	Normal Curve Equiv.	Stanine	Qualitative Description
Oral Language	236	121	114–128	92	79	8	Above Average
Total Reading	397	97	92–102	42	46	5	Average
Basic Reading	208	104	99–109	61	56	6	Average
Reading Comprehension and Fluency	189	93	85–101	32	40	4	Average
Written Expression	347	121	114–128	92	79	8	Above Average
Mathematics	246	125	120–130	95	85	8	Above Average
Math Fluency	296	99	92–106	47	49	5	Average
Total Achievement	1112	116	113–119	86	72	7	Above Average

Bernadette Bibber
Page 8 of 11

WAIS-IV

WIAT-III

Composite Score Profile

Note. The vertical bars represent the confidence interval at 95%.

Bernadette Bibber
Page 9 of 11

WAIS-IV

WIAT-III
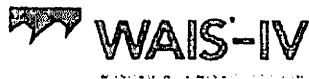
Differences Between Composite Standard Scores

Comparison	Difference	Critical Value (Significance Level .05)	Significant Difference Y/N	Base Rate
Oral Language vs. Total Reading	24	7.53	Y	≤5%
Oral Language vs. Basic Reading	17	7.67	Y	≤15%
Oral Language vs. Reading Comprehension and Fluency	28	9.33	Y	≤1%
Oral Language vs. Written Expression	0	8.42	N	>15%
Oral Language vs. Mathematics	-4	7.53	N	>15%
Oral Language vs. Math Fluency	22	8.42	Y	≤10%
Total Reading vs. Basic Reading	-7	5.88	Y	>15%
Total Reading vs. Reading Comprehension and Fluency	4	7.93	N	>15%
Total Reading vs. Written Expression	-24	6.83	Y	≤5%
Total Reading vs. Mathematics	-28	5.70	Y	≤5%
Total Reading vs. Math Fluency	-2	6.83	N	>15%
Basic Reading vs. Reading Comprehension and Fluency	11	8.06	Y	>15%
Basic Reading vs. Written Expression	-17	6.98	Y	>15%
Basic Reading vs. Mathematics	-21	5.88	Y	≤10%
Basic Reading vs. Math Fluency	5	6.98	N	>15%
Reading Comprehension and Fluency vs. Written Expression	-28	8.77	Y	≤1%
Reading Comprehension and Fluency vs. Mathematics	-32	7.93	Y	≤5%
Reading Comprehension and Fluency vs. Math Fluency	-6	8.77	N	>15%
Written Expression vs. Mathematics	-4	6.83	N	>15%
Written Expression vs. Math Fluency	22	7.79	Y	≤10%
Mathematics vs. Math Fluency	26	6.83	Y	≤5%

Note. A negative difference indicates that the second composite has a higher score than the first composite listed in the comparison.

WAIS-IV   WIAT-III

Ability–Achievement Discrepancy Analysis

Ability Score Type: WAIS–IV FSIQ   Ability Score: 124

Predicted Difference Method

WIAT–III Subtest	Predicted WIAT–III Score	Actual WIAT–III Score	Expected Difference	Critical Value .05	Significant Difference Y / N	Base Rate	Standard Deviation Discrepancy ≥1 SD
Listening Comprehension	117	116	1	10.58	N	>15%	N
Reading Comprehension	117	94	23	12.46	Y	≤5%	Y
Math Problem Solving	120	121	-1	8.02	N	N/A	N/A
Sentence Composition	115	122	-7	10.08	N	N/A	N/A
Word Reading	118	107	11	7.26	Y	≤15%	N
Essay Composition	106	111	-5	10.65	N	N/A	N/A
Essay Composition: Grammar and Mechanics	110	121	-11	12.60	N	N/A	N/A
Pseudoword Decoding	114	101	13	7.03	Y	≤15%	N
Numerical Operations	117	125	-8	6.54	Y *	N/A	N/A
Oral Expression	117	120	-3	10.18	N	N/A	N/A
Oral Reading Fluency	116	95	21	7.14	Y	≤5%	Y
Oral Reading Accuracy	112	118	-6	15.14	N	N/A	N/A
Oral Reading Rate	116	95	21	8.76	Y	≤5%	Y
Spelling	115	114	1	6.42	N	>15%	N
Math Fluency—Addition	112	92	20	12.29	Y	≤10%	Y
Math Fluency—Subtraction	114	99	15	9.13	Y	≤15%	Y
Math Fluency—Multiplication	113	105	8	9.57	N	>15%	N
WIAT–III Composite							
Oral Language	119	121	-2	8.43	N	N/A	N/A
Total Reading	118	97	21	6.02	Y	≤5%	Y
Basic Reading	117	104	13	5.87	Y	≤15%	N
Reading Comprehension and Fluency	116	93	23	8.78	Y	≤5%	Y

Written Expression	116	121	-5	7.16	N	N/A	N/A
Mathematics	119	125	-6	6.11	N	N/A	N/A
Math Fluency	114	99	15	7.02	Y	≤15%	Y
Total Achievement	121	116	5	5.54	N	>15%	N

Note. Base rates and standard deviation discrepancies are not reported when the achievement score equals or exceeds the ability scores.

* Indicates that the achievement score exceeds the ability score.

WAIS-IV   WIAT-III

Ability–Achievement Discrepancy Analysis

Ability Score Type: WAIS–IV GAI   Ability Score: 133

Predicted Difference Method

	Predicted WIAT–III Score	Actual WIAT–III Score	Expected Difference	Critical Value .05	Significant Difference Y / N	Base Rate	Standard Deviation Discrepancy ≥1.5 SD
WIAT–III Subtest							
Listening Comprehension	123	116	7	10.79	N	>15%	N
Reading Comprehension	124	94	30	12.69	Y	≤1%	Y
Math Problem Solving	126	121	5	8.27	N	>15%	N
Sentence Composition	119	122	-3	10.19	N	N/A	N/A
Word Reading	122	107	15	7.43	Y	≤10%	N
Essay Composition	108	111	-3	10.67	N	N/A	N/A
Essay Composition: Grammar and Mechanics	113	121	-8	12.63	N	N/A	N/A
Pseudoword Decoding	118	101	17	7.15	Y	≤10%	N
Numerical Operations	121	125	-4	6.75	N	N/A	N/A
Oral Expression	122	120	2	10.31	N	>15%	N
Oral Reading Fluency	119	95	24	7.19	Y	≤5%	Y
Oral Reading Accuracy	116	118	-2	15.19	N	N/A	N/A
Oral Reading Rate	118	95	23	8.79	Y	≤5%	Y
Spelling	118	114	4	6.49	N	>15%	N
Math Fluency—Addition	114	92	22	12.32	Y	≤10%	N
Math Fluency—Subtraction	114	99	15	9.09	Y	≤15%	N
Math Fluency—Multiplication	114	105	9	9.55	N	>15%	N
WIAT–III Composite							
Oral Language	125	121	4	8.69	N	>15%	N
Total Reading	124	97	27	6.30	Y	≤1%	Y
Basic Reading	121	104	17	6.05	Y	≤10%	N
Reading Comprehension and							

Fluency	121	93	28	8.95	Y	≤1%	Y
Written Expression	121	121	0	7.36	N	N/A	N/A
Mathematics	125	125	0	6.40	N	N/A	N/A
Math Fluency	115	99	16	6.98	Y	≤15%	N
Total Achievement	127	116	11	5.93	Y	≤10%	N

Note. Base rates and standard deviation discrepancies are not reported when the achievement score equals or exceeds the ability scores.

Bernadette Bibber
Page 11 of 11

EXHIBIT 3

ROWAN UNIVERSITY
ASSESSMENT AND LEARNING CENTER
EDUCATION HALL
201 Mullica Hill Road
Glassboro, New Jersey 08028-1751

PSYCHOLOGICAL EVALUATION

Name:	Bernadette Bibber	Date of Evaluation:	08/22/2013
Address:	2506 Burrough's Mill Circle	Date of Birth:	████ 1984 (C.A. 28.10)
	Cherry Hill, NJ 08002	Examiner:	Christine Williams, Ed.S.

Referred by: Rowan University Center for Teaching and Learning

REASON FOR REFERRAL

Bernadette was referred for cognitive and academic assessments by the Center for Teaching and Learning at Rowan University to gather information regarding her cognitive and academic performance in order to determine whether she requires any accommodations during her time at the School of Medicine at Rowan and/or accommodations for standardized tests, such as her medical licensing exams.

BACKGROUND INFORMATION

Bernadette came independently for the present evaluation. She completed a written background form, brought her most recent psychological and learning evaluations, and provided information to the examiner by responding to interview questions. Bernadette lives in her own apartment with a roommate and makes frequent visits to see her family. She was raised in an intact household, but her parents are in the process of divorce. She reported that both of her parents and all three of her younger siblings have learning differences. Specifically, her mother may have dyslexia, her father and all three siblings have been diagnosed with dyslexia. Bernadette explained that when she was born, her ears were not fully developed; therefore, she was deaf at birth. Her ears developed over the first six months of her life, leading to her being able to hear. However, Bernadette continues to have "slight hearing differences that sometimes make it hard to hear and understand especially if I (she) can't see the speaker." She has also experienced repeated ear infections since birth. Bernadette has the diagnosis of Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type (Ann Schoenthaler-Ervin, Ph.D., 11/2005). She explained that, although she tries to pay attention, it can be difficult for her to stay focused when trying to learn. Bernadette also believes that she can be restless and fidgety. She began a medication regimen for ADHD in college, which currently includes 25mg of Adderall at noon and 10mg in the early evening. This medication is monitored by Dr. Miskoff at Shore Pulmonary and Dr. Dick, who is Bernadette's primary care physician. She believes that this medication regimen has been beneficial to her overall functioning. Bernadette was also recently diagnosed with narcolepsy and is prescribed Zyrem to help her sleep at night. She has her vision checked on a regular basis and is prescribed eyeglasses.

EDUCATIONAL HISTORY

Bernadette provided information regarding her school years. She attended private school from kindergarten through 12th grade, including St. Rose of Lima in Freehold, NJ for elementary and middle schools and the Marine Academy of Science and Technology in Highlands, NJ for high school. Bernadette was retained in kindergarten due to difficulty learning the alphabet and was diagnosed with dyslexia in elementary school. She began receiving

accommodations and small group instruction in first grade through a 504 Plan. She also reported receiving speech and language therapy in elementary school. Mrs. Bibber attained private tutoring for Bernadette from fourth through eleventh grades. Bernadette's tutor utilized the Orton-Gillingham Wilson Reading System, which Bernadette attributes to her academic success. After graduating high school, Bernadette attended Colby College, which she described as "difficult." However, she pursued her MBS at Rutgers Graduate School of Biomedical Sciences, attaining a 3.9 grade point average. Bernadette is currently entering her first year at Rowan University's School of Medicine. She plans to specialize in one of the following areas: primary care or obstetrics and gynecology. Bernadette's 504 Plan has been in place in all academic settings from elementary school through graduate school. She has received extended time for tests and was exempt from the 3 mandatory years of foreign language at Colby College. Although Bernadette functions adequately academically, she experiences difficulty with timed tasks, indicating that she feels frustrated when she does not have enough time to read with adequate speed and comprehension. She explained that she needs more time to read and comprehend dense reading with more advanced vocabulary, as is found in medical school texts.

Bernadette's most recent psychological evaluation was completed by Phoebe Liss, Ed.D., Learning Disability Consultant, on 12/31/2004. Results of the Wechsler Adult Intelligence Scale - III revealed verbal concepts and perceptual organization skills within the very superior range and working memory and processing speed skills within the average range. These results indicated that Bernadette's verbal and nonverbal skills were significantly better developed than her working memory and processing speed skills. Dr. Liss noted that Bernadette's cognitive profile is "statistically and diagnostically significant for dyslexia."

DIAGNOSTIC PROCEDURES

Review of Background Information Provided by Student
Review of Previous Evaluations
Student Interview
Wechsler Adult Intelligence Scale – Fourth Edition
Conners Adult ADHD Rating Scale – Self-Report Version (L)
Conners Adult ADHD Rating Scale – Observer Version (L)
(completed by parent)

PSYCHOLOGICAL ASSESSMENT

Behavioral Observations/Interview
Bernadette came independently to her testing session and came prepared with background information and her most recent psychological and learning evaluations. Bernadette arrived on time and entered the testing room cooperatively. The interview was completed at the beginning of the testing session, and she responded to questions regarding her educational history, medical history, family, and interests in an open and friendly manner. Bernadette reported that she lives in her own apartment with a roommate but shares good relationships with most members of her family. Her hobbies include crochet and reading. Prior to pursuing medical school, Bernadette worked as a middle school and high school teacher. She believes having her own learning differences helped her to be a good teacher to students with 504 Plans in three separate private schools. However, Bernadette reported that, while teaching, it often took her longer to complete many of the responsibilities associated with teaching than it would take her colleagues. She reported that she has to work harder to do things that come naturally to others. Overall, Bernadette explained that she has learned to compensate for her dyslexia and ADHD and was taught to see her "problem(s)" as her "gift(s)." She has always had a desire to attend medical school and is proud of herself for her many accomplishments. When describing her own academic strengths and weaknesses, Bernadette explained that math is her least difficult subject, while foreign languages and subjects that require a lot of reading are more difficult. She continues to write letters and numbers backwards or upside down, has difficulty reading for meaning

when reading quickly, and has difficulty spelling. Bernadette also reported needing repetition and/or "special
Page 2 of 7

tools" to help her remember academic material. She is better able to retain information when she is able to see the speaker. Overall, Bernadette presented as an articulate and well-rounded individual who is dedicated to learning.

This cognitive assessment occurred during one session lasting approximately 90 minutes with no breaks. She was not wearing her eyeglasses. Bernadette worked diligently throughout the assessment, seeming interested and highly motivated to do her best. She shook her foot gently throughout testing but was attentive, understood all testing tasks, and displayed appropriate eye contact. Although Bernadette typically attempted to produce answers to even the most difficult items, she did indicate when she was unsure of an answer. Signs of frustration were not apparent. However, Bernadette did express concern when presented with the processing speed subtests, as they utilize symbols, and she was concerned that she would switch or reverse the symbols. After the testing session was complete (approximately 2:00 pm), Bernadette indicated that she had neither taken her noon dose of Adderall nor eaten lunch prior to testing. She reported that she was beginning to feel "antsy and tired." In spite of these circumstances, the examiner believes that Bernadette put forth her best effort. Her cooperative and sociable personality made the time that the examiner spent with her enjoyable.

Intellectual Assessment Results
Wechsler Adult Intelligence Scale – Fourth Edition
Composite Scores Summary

Scale	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Description
Verbal Comprehension (VCI)	134	99	127-138	Very Superior
Perceptual Reasoning (PRI)	125	95	118-130	Superior
Working Memory (WMI)	105	63	98-111	Average
Processing Speed (PSI)	105	63	96-113	Average
Full Scale (FSIQ)	124	95	119-128	Superior
General Ability (GAI)	133	99	127-137	Very Superior

Verbal Comprehension Subtest Scores Summary

Subtests	Scaled Score	Percentile Rank
Similarities	16	98
Vocabulary	15	95
Information	16	98

Perceptual Reasoning Subtest Scores Summary

Subtests	Scaled Score	Percentile Rank
Block Design	15	95
Matrix Reasoning	13	84
Visual Puzzles	15	95

Working Memory Subtest Scores Summary

Subtests	Scaled Score	Percentile Rank
Digit Span	11	63
Arithmetic	11	63

Processing Speed Subtest Scores Summary

Subtests	Scaled Score	Percentile Rank
Symbol Search	12	75
Coding	10	50

On the *Wechsler Adult Intelligence Scale – Fourth Edition,* Bernadette achieved a Full Scale IQ of 124, indicating that she is presently functioning within the superior range of intelligence at approximately the 95th percentile compared with others her age. The chances are about 95 out of 100 that her true Full Scale IQ falls between 119 and 128. Further analysis of Bernadette's intellectual abilities indicates she demonstrates very superior performance in the verbal comprehension area and superior performance in the perceptual reasoning (nonverbal) area. In contrast, her working memory and processing speed abilities are both within the average range. Bernadette's verbal comprehension and perceptual reasoning abilities are significantly stronger than her working memory and processing speed abilities. There is another calculation that can be obtained when students demonstrate lower scores in the working memory and/or processing speed areas. The test publications allow for the calculation of a General Ability Index (GAI) which taps working memory and processing speed to a lesser degree. When the GAI is obtained for Bernadette, her results average out within the very superior range with a composite score of 133, which falls at the 99th percentile. However, it is important to consider the whole pattern when determining her potential for academic success in the classroom, as working memory and processing speed are important factors in this realm. These measures of her intellectual functioning appear to be both reliable and valid.

Verbal Comprehension: Bernadette's verbal abilities are an indication of her levels of acquired knowledge, verbal reasoning, and comprehension of verbal information. Her overall performance in this area is within the very superior range. Bernadette's word knowledge is within the above average range, as she demonstrated strong abilities when asked to give definitions for objects and concepts. Her verbal abstract reasoning skills and ability to acquire, retain, and retrieve general factual knowledge are within the far above average range, representing personal strengths. She excelled at describing how two common objects or concepts are alike and answering a broad range of general knowledge questions. Bernadette's performance in this area indicates that she has the cognitive ability to excel with language-based classroom tasks. The difficulties that she has experienced with oral and verbal tasks would not be anticipated based upon her performance in the verbal comprehension area.

Perceptual Reasoning: Bernadette demonstrated superior perceptual reasoning abilities, which are an indication of her levels of nonverbal reasoning, spatial processing skills, and visual attentiveness to detail. Her visual spatial reasoning abilities are above average. She performed well as she used three-dimensional blocks to create a pattern, constructing all patterns correctly. Bernadette's nonverbal problem solving skills and nonverbal reasoning skills are also within the above average range. She demonstrated strong skills as she selected a pattern to complete a colored matrix and selected response options to reconstruct a puzzle. Bernadette indicated having an academic strength in math. The results of her performance on these visual tasks help to support this strength.

Working Memory: Working memory includes the ability to attend to verbally presented information, to process information from memory, and then to formulate a response. Bernadette displayed overall working memory abilities within the average range. Her short-term auditory memory is within the average range but represents a personal weakness. She was able to repeat a series of numbers both forward and backward but performed significantly better repeating a series of numbers in sequential order. Bernadette's ability to hear, comprehend, and follow verbal directions, concentrate on selected parts of questions, and use numerical operations is also within the average range. She was able to answer problems involving arithmetical concepts and numerical reasoning. This task requires a student to both remember the numerical input needed for the computation and carry out the mathematics operations needed. Bernadette explained that she could have performed better on this task if she was able to use pencil and paper for the computations. Although her working memory abilities are adequate, they are significantly weaker than her verbal and nonverbal abilities.

Processing Speed: Bernadette demonstrates processing speed abilities within the average range, which include her ability to process simple or routine visual information quickly and efficiently and to rapidly perform tasks based on that information. Bernadette's psychomotor speed on pencil and paper tasks is within the average range

based on that information. Bernadette's psychomotor speed on pencil and paper tasks is within the average range but represents a personal weakness. Although she worked at an adequate pace as she paired symbols with numbers, she did not demonstrate the ability to learn number-symbol pairs. Bernadette's ability to process visual

Page 4 of 7

material without making errors is also within the average range. She was accurate, making no errors as she scanned a group of symbols looking for a target symbol and worked at an adequate pace. Again, although Bernadette demonstrated average processing speed abilities, her performance in this area is significantly weaker than her verbal and nonverbal abilities.

Bernadette's Full Scale IQ indicates that she displays overall superior cognitive skills. However, she demonstrates an uneven cognitive profile with significant strengths and weaknesses among her domain scores. Bernadette's verbal comprehension and perceptual reasoning skills are significantly better developed than her working memory and processing speed skills. Therefore, her very superior General Ability Index should be considered when determining appropriate accommodations for her. Bernadette's strong work ethic, insight regarding her academic strengths and weaknesses, and desire to achieve will be assets to her throughout medical school.

Behavioral Assessment
In order to provide information regarding Bernadette's perceptions of her own attentional skills, she completed the Conners Adult ADHD Rating Scale – Self-Report Version: Long Version. On this measure the student is asked to rate themselves from 0 to 3 (with 0 indicating a lack of problematic behavior and 3 indicating very evident attentional, behavioral, or learning concerns). Bernadette rated herself with the level of 3 on 16 of the 66 problematic traits. These included feeling that she loses things necessary for tasks or activities, doesn't finish things she starts, is disorganized, forgets to remember things, feels restless inside even if she's sitting still, is distracted from what she's doing by things she hears or sees, is forgetful in her daily activities, loses things she needs, can't get things done unless there's an absolute deadline, fidgets (with her hands or feet) or squirms in her seat, is absent-minded in daily activities, tends to squirm or fidget, can't keep her mind on something unless it's really interesting, misjudges how long it takes to do something or go somewhere, and makes careless mistakes or has trouble paying attention to detail. She also indicated that her attention narrows so much that she's oblivious to everything else, but at other times it's so broad that everything distracts her. Bernadette rated herself with a level of 2 on 19 more of the problematic traits. These included feeling that she likes to be doing active things, talks too much, is always on the go as if driven by a motor, has trouble doing leisure activities quietly, has a hard time keeping track of several things at once, is always moving even when she should be still, has trouble keeping her attention focused when working, seeks out fast paced, exciting activities, has trouble listening to what other people are saying, acts okay on the outside, but is unsure of herself on the inside, is always on the go, has trouble getting started on a task, takes a great deal of effort for her to sit still, is restless or overactive, can't sit still for very long, likes to be up and on the go rather than being in one place, has trouble finishing job tasks or schoolwork, is distracted when things are going on around her, and has problems organizing her tasks and activities. All other problematic traits were rated with levels of 1 or 0. The factors assessing impulsivity/emotional lability and problems with self-concept were both within the Average range. The factor assessing hyperactivity/restlessness is slightly elevated, falling within the High Average range. In contrast, the factor assessing inattention/memory problems is significantly elevated, falling within the Very Elevated range. Bernadette reported many more problems with inattention and memory than would typically be reported in this area. When these combine into indices, the index score for DSM-IV inattentive symptoms was within the Very Elevated range with a T-score of 76, while the index score for DSM-IV hyperactive-impulsive symptoms was within the Average range with a T-score of 59. Again, Bernadette reported many more concerns with inattentive symptoms than would typically be reported in this area. All scores combine into a Very Elevated DSM-IV ADHD Symptoms Total of 71 (with 50 representing Average).

To provide additional information regarding Bernadette's pattern of attentional skills, his mother, Debbie Bibber, completed the Conners Adult ADHD Rating Scale – Observer Version: Long. On this measure, Mrs. Bibber rated Bernadette with a level of 3 on 27 of the 66 problematic traits, which related to the fact that Bernadette is always

moving even when attempting to be still, forgets to remember things, leaves her seat when she's not suppose to, has trouble keeping attention focused when working or at leisure, appears to be restless inside even when sitting still, is distracted by sights or sounds when trying to concentrate, acts okay on the outside but appears unsure of

Page 5 of 7

self, can't get things done unless there's an absolute deadline, fidgets (with hands or feet) or squirms in his seat, makes careless mistakes or has trouble paying close attention to details, has trouble getting started on a task, appears to exert a great deal of effort when trying to sit still, has unpredictable moods, is absent-minded in daily activities, is restless or overactive, tends to squirm or fidget, can't keep her mind on something unless it's really interesting, expresses lack of confidence in her abilities, can't sit still for very long, gives answers to questions before the questions have been completed, likes to be up and on the go rather than being in one place, has trouble finishing job tasks or school work, expresses lack of confidence in self because of past failures, appears distracted when things are going on around her, has problems organizing tasks or activities, misjudges how long it takes to do something or go somewhere, and sometimes overfocuses on details and at other times appears distracted by everything going on around her. She rated her with a level of 2 on 19 problematic traits. These included feeling that Bernadette likes to be doing active things, gets down on herself, is easily frustrated, is always on the go as if driven by a motor, is disorganized, has a hard time staying in one place very long, is not sure of herself, has a hard time keeping track of several things at once, has a short fuse/hot temper, is bored easily, avoids new challenges because of lack of faith in her abilities, is forgetful in daily activities, is set off easily by many things, loses things needed for work or tasks, has trouble listening to what other people are saying, interrupts others when they are talking, is always on the go, depends on others to keep life in order and attend to the details, and is irritable. All other problematic traits were rated with levels of 0 or 1. The factors assessing inattention/memory problems, hyperactivity/restlessness, and problems with self-concept all fell within the Very Elevated range, while the factor assessing impulsivity/emotional lability fell within the High Average range. When these combine into indices, the index scores for DSM-IV inattentive symptoms and hyperactive-impulsive symptoms fell within the Very Elevated range, with T-scores of 71 and 76 respectively. These combine into a DSM-IV ADHD Symptoms Total of 76 (with 50 representing Average), which is considered Very Elevated. These results differ from Bernadette's in that on the self-report measure Bernadette noted significantly fewer concerns in the areas of hyperactivity/restlessness, impulsivity/emotional lability, and problems with self-concept. In addition, Bernadette rated her own DSM-IV hyperactive-impulsive symptoms to be within the Average range, while her mother rated this area to be Very Elevated. However, both Bernadette and her mother agree that her DSM-IV ADHD symptoms total is Very Elevated.

A consistent pattern of meaningful difficulties in the area of inattention was evident between the two informants, supporting Bernadette's diagnosis of Attention Deficit Hyperactivity Disorder, Predominately Inattentive Type. However, the Inconsistency Index on the self-report and observer rating scales were slightly elevated indicating that there may be some inconsistency to the responses, and the results of these rating scales should be viewed with caution.

SUMMARY

Bernadette is a 28-year-old student who has recently begun her first year at Rowan University's School of Medicine. Bernadette was retained in kindergarten due to difficulty learning the alphabet and was diagnosed with dyslexia in elementary school. She began receiving accommodations and small group instruction in first grade through a 504 Plan. She also reported receiving speech and language therapy in elementary school. Mrs. Bibber attained private tutoring for Bernadette from fourth through eleventh grades. Bernadette's tutor utilized the Orton-Gillingham Wilson Reading System, which Bernadette attributes to her academic success. After graduating high school, Bernadette attended Colby College, which she described as "difficult." However, she pursued her MBS at Rutgers Graduate School of Biomedical Sciences, attaining a 3.9 grade point average. Bernadette's 504 Plan has been in place in every academic setting from elementary school through graduate school. She has received extended time for tests and was exempt from the 3 mandatory years of foreign language at Colby College.

Although Bernadette functions adequately academically, she experiences difficulty with timed tasks, indicating that she feels frustrated when she does not have enough time to read with adequate speed and comprehension. The Learning Assessment being completed at this Center will provide information regarding Bernadette's level of achievement in these areas. Present testing indicates variability among Bernadette's four major cognitive
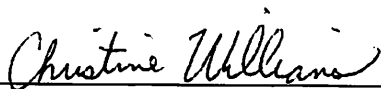
Page 6 of 7

constructs, which vary from the average to very superior ranges. Her verbal comprehension and perceptual reasoning skills are significantly better developed than her working memory and processing speed skills. Therefore, Bernadette's very superior General Ability Index should be considered when determining appropriate accommodations for her. Bernadette's strong work ethic, insight regarding her academic strengths and weaknesses, and desire to achieve will be assets to her throughout medical school.
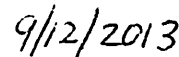
Bernadette was diagnosed with Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type (Ann Schoenthaler-Ervin, Ph.D., 11/2005). She explained that, although she tries to pay attention, it can be difficult for her to stay focused when trying to learn. Bernadette also believes that she can be restless and fidgety. She began a medication regimen for ADHD in college, which currently includes 25mg of Adderall at noon and 10mg in the early evening. This medication is monitored by Dr. Miskoff at Shore Pulmonary and Dr. Dick, who is Bernadette's primary care physician. She believes that this medication regimen has been beneficial to her overall functioning. Bernadette was also recently diagnosed with narcolepsy and is prescribed Zyrem to help her sleep at night. She has her vision checked on a regular basis and is prescribed eyeglasses.

On a self-report of attentional skills, Bernadette reported experiencing significantly elevated levels of inattentive symptoms and average levels of hyperactive-impulsive symptoms. Bernadette's mother completed a similar measure and noted significantly elevated levels of both inattentive symptoms and hyperactive-impulsive symptoms. A consistent pattern of meaningful difficulties in the area of inattention was evident between the two informants, supporting Bernadette's diagnosis of Attention Deficit/Hyperactivity Disorder, Predominately Inattentive Type. However, due to inconsistent response patterns on both rating scales, the results should be viewed with caution. In addition, Bernadette's cognitive profile, which includes personal weaknesses in working memory and processing speed, support the diagnosis of Attention Deficit/Hyperactivity Disorder.

This total constellation of factors will be considered in making team recommendations to try and provide support that may be helpful to Bernadette throughout medical school.

Christine Williams

Christine Williams, Ed.S.
Nationally Certified School Psychologist

_9/12/2013_

Date Report Submitted

EXHIBIT 4

Bibber   **Page 1**

ROWAN UNIVERSITY
ASSESSMENT AND LEARNING CENTER
201 Mullica Hill Road
Glassboro, NJ 08028

INTEGRATED TEAM CONCLUSIONS

Name: Bernadette Bibber   **Date of Staffing:** 09/03/2013

Address: 2506 Burrough's Mill Circle   **Birthdate:** ██████ 1984
               Cherry Hill, NJ 08002

Referred by: Rowan Academic Success Center

SUMMARIES OF INDIVIDUAL DISCIPLINES

PSYCHOLOGICAL: Christine Williams, Ed.S.

Bernadette is a 28-year-old student who has recently begun her first year at Rowan University's School of Medicine. Bernadette was retained in kindergarten due to difficulty learning the alphabet and was diagnosed with dyslexia in elementary school. She began receiving accommodations and small group instruction in first grade through a 504 Plan. She also reported receiving speech and language therapy in elementary school. Mrs. Bibber attained private tutoring for Bernadette from fourth through eleventh grades. Bernadette's tutor utilized the Orton-Gillingham Wilson Reading System, which Bernadette attributes to her academic success. After graduating high school, Bernadette attended Colby College, which she described as "difficult." However, she pursued her MBS at Rutgers Graduate School of Biomedical Sciences, attaining a 3.9 grade point average. Bernadette's 504 Plan has been in place in every academic setting from elementary school through graduate school. She has received extended time for tests and was exempt from the 3 mandatory years of foreign language at Colby College. Although Bernadette functions adequately academically, she experiences difficulty with timed tasks, indicating that she feels frustrated when she does not have enough time to read with adequate speed and comprehension. The Learning Assessment being completed at this Center will provide information regarding Bernadette's level of achievement in these areas. Present testing indicates variability among Bernadette's four major cognitive constructs, which vary from the average to very superior ranges. Her verbal comprehension and perceptual reasoning skills are significantly better developed than her working memory and processing speed skills. Therefore, Bernadette's very superior General Ability Index should be considered when determining appropriate

Bibber   **Page 2**

accommodations for her. Bernadette's strong work ethic, insight regarding her academic strengths and weaknesses, and desire to achieve will be assets to her throughout medical school.

Bernadette was diagnosed with Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type (Ann Schoenthaler-Ervin, Ph.D., 11/2005). She explained that, although she tries to pay attention, it can be difficult for her to stay focused when trying to learn. Bernadette also believes that she can be restless and fidgety. She began a medication regimen for ADHD in college, which currently includes 25mg of Adderall at noon and 10mg in the early evening. This medication is monitored by Dr. Miskoff at Shore Pulmonary and Dr. Dick, who is Bernadette's primary care physician. She believes that this medication regimen has been beneficial to her overall functioning. Bernadette was also recently diagnosed with narcolepsy and is prescribed Zyrem to help her sleep at night. She has her vision checked on a regular basis and is prescribed eyeglasses.

On a self-report of attentional skills, Bernadette reported experiencing significantly elevated levels of inattentive symptoms and average levels of hyperactive-impulsive symptoms. Bernadette's mother completed a similar measure and noted significantly elevated levels of both inattentive symptoms and hyperactive-impulsive symptoms. A consistent pattern of meaningful difficulties in the area of inattention was evident between the two informants, supporting Bernadette's diagnosis of Attention Deficit/Hyperactivity Disorder, Predominately Inattentive Type. However, due to inconsistent response patterns on both rating scales, the results should be viewed with caution. In addition, Bernadette's cognitive profile, which includes personal weaknesses in working memory and processing speed, support the diagnosis of Attention Deficit/Hyperactivity Disorder

LEARNING ASSESSMENT: Maria Palmieri, M.A., LDTC

Bernadette Bibber, a 28 year, 10 month old female student was referred to provide updated information concerning her present cognitive and academic status to determine continued eligibility for Section 504 Accommodations as she pursues her studies at Rowan University School of Biomedical Sciences. This evaluation indicates that Bernadette's strength lie in the above average ability level in her overall Oral Language Composite (SS121), Written Expression (SS121), Mathematics (SS125) and Total Achievement (SS116). Bernadette scored within the average range in Total Reading (SS97) , Basic Reading (SS104) and Reading Comprehension and Fluency (SS93); however when comparing these scores to her predicted scores based upon her FSIQ of 124 on the WAIS-IV a significant discrepancy is noted in Reading Comprehension (SS94) and Composite Reading Comprehension and Fluency (SS93). Further assessment on the Nelson-Denny Reading Test was presented in the Standard and Extended-Time versions, Bernadette improved from the 6th percentile to the 99th percentile with Extended Time. When Bernadette's GAI (General Ability Index) of 133 on the WAIS-IV is used to compare her

Bibber   **Page 3**

predicted and actual achievement scores, significant discrepancies are noted in Reading
Comprehension (SS94), Oral Reading Fluency (SS95), Total Reading (SS97) and Reading
Comprehension/Fluency (SS93).

TEAM CONCLUSIONS:

Based on the results of these evaluations, Bernadette is eligible for accommodations under
Section 504. Based upon her previous diagnosis, Bernadette meets the DSM-V criteria for the
diagnoses of Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type 314.00,
and Reading Disorder 315.00 (comprehension and fluency). Bernadette is demonstrating a
severe discrepancy between her cognitive potential, as measured in the superior range, and her
reading comprehension and fluency. This discrepancy is even more significant when her
academic functioning is compared to her GAI (Global Ability Index), which is measured within
the very superior range.

RECOMMENDATIONS:

1. Specific suggestions to be included in Bernadette's 504 Plan are listed below:
    a. Course selection each semester should consider the amount of reading material.
       Courses with great reading demands should be distributed throughout the
       semesters, so as to allow Bernadette adequate time to read and transfer material to
       her long term memory.
    b. The provision of extra time for test-taking, especially exams involving reading
       and/or essay writing.
    c. Written directions for assignments should be provided whenever possible.
    d. The use of a tape recorder or auditory taping device should be permitted in any
       class where delivery of instruction is in lecture format. If any of the lectures have
       been previously recorded, access to the recordings, as needed.
    e. The provision of a list of available sources or tutors at the university to assist her
       in planning and organizing her long-term projects.
    f. The availability of a counselor/mentor, whom Bernadette can contact on a regular
       basis, to monitor her progress throughout the semesters and make adjustments to
       her accommodations.
2. Due to this disability, Priority Registration would be beneficial for this student to ensure
   appropriate course placement and schedule.
3. The joint findings of the cognitive and academic test should be taken into consideration ·
   in planning Bernadette's course load and course sequencing in her post-graduate level
   programs.

Bibber

Page 4

4. Bernadette should continue to seek medical monitoring for her medication dosage and treatment for her ADHD.
5. When possible, books on tape may be beneficial to enhance her fluency and comprehension.

Christine Williams

Christine Williams, Ed.S.
Nationally Certified School Psychologist

Maria L Palmieri

Maria Palmieri, M.A., LDTC
New Jersey Certified Learning Consultant

EXHIBIT 5

ANN SCHOENTHALER-ERVIN, Ph.D.
LICENSED PSYCHOLOGIST
CERTIFIED SCHOOL PSYCHOLOGICAL SERVICE PROVIDER
TWO SCHOOL STREET
WATERVILLE, MAINE 04901

TELEPHONE (207) 872-6999

PSYCHOLOGICAL EVALUATION REPORT

CONFIDENTIAL

Identification Information

Name: Bernadette Bibber
Sex: Female
Date of Birth: ████84
Chronological Age: 21
Education: College Junior
Dates of Report: 11/18/05 & 11/28/05

Reason for Referral

Bernadette was self-referred for an evaluation of a suspected Attention-Deficit/Hyperactivity Disorder (ADHD).

Background Information

Bernadette is a junior at Colby College majoring in Chemistry and Classical Civilizations; her current GPA is 2.58 (Spring '05). As a young child, Bernadette was reportedly diagnosed with Dyslexia for which she received special education services. Notable is that there is a strong family history of Dyslexia, with four of Bernadette's brothers also having been diagnosed with the disorder.

Bernadette's most recent psycho-educational evaluation was completed in 12/04 by Phoebe Liss, Ed.D., learning disability consultant. As part of the evaluation, Bernadette was administered the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III) on which she achieved a Verbal Ability Score of 128, a Performance Ability Score of 125, and a Full Scale Ability Score of 130, placing her overall performance at the 98th percentile in comparison to same-age peers. Notable were Bernadette's strengths in verbal comprehension and perceptual organization and her relative weaknesses in working memory and processing speed. The examiner also reported that symptoms for Attention Deficit Disorder (ADD) were reviewed with Bernadette and her mother with endorsements on distractibility, disorganization, restlessness, and impulsivity and "clear consistency between the two respondents". Dr. Liss concluded that Bernadette's profile "reveals continuing difficulties with processing the graphic patterns necessary for efficient reading and spelling skills". Also noted was that Bernadette was coping quite well with many symptoms associated with Attention Deficit Disorder. Recommendations included a waiver for the foreign language requirement at Colby College and consultation with a neurologist to confirm ADD and to discuss the possibility of appropriate medication.

Name: Bernadette Bibber

Evaluation Measures

Records Review
Achenbach's Young Adult Self-Report (YASR)
Developmental, Employment, Health, and Social History Forms (from *Attention-Deficit/Hyperactivity*
　　　Disorder: A. Clinical Workbook-Second Edition by Russell A. Barkley and
　　　Kevin Murphy)
Childhood Symptoms Scales: Self and Other Report Forms and Current Systems Scale: Self
　　　and Other Report forms by R. Barkley and K. Murphy
Conners' Continuous Performance Test (CPT)
Clinical Interview

Test Interpretations

Bernadette completed the Young Adult Self-Report Form (YASR), which provides a standardized measure of behavioral/emotional difficulties, comparing Bernadette to other females within her age range. On the YASR, Bernadette's Total Problems and Internalizing Scores fell in the borderline clinical range at the 95th to 98th percentiles, and Bernadette's Externalizing Score fell in the normal range. Bernadette's scores on the Anxious/Depressed, Withdrawn, Somatic Complaints, Thought Problems, Intrusive, Aggressive Behavior, and Delinquent Behaviors Syndromes fell in the normal range, however, her score on the Attention Problems Syndrome fell in the borderline clinical range at the 95th to the 98th percentiles. In narrative form, Bernadette reported that she has "a hard time concentrating on homework, HR work, and anything that takes concentration. I'm afraid, as classes get harder I won't be able to compensate like I have been able to do so far. Things are getting harder and the inability to just sit down and read my schoolbooks are really hurting my grades". When asked to describe the best things about herself, Bernadette reported that she loves helping others, and she thinks "of other people first".

Bernadette completed the Childhood Symptoms Scale and Current Symptoms Scale-Self Report Forms, her mother completed a Childhood Symptoms Scale-Other Report Form, and a cousin completed a Current Symptoms Scale-Other Report Form. On the Childhood Symptoms Scale, Bernadette endorsed all nine symptoms associated with inattention and all nine symptoms associated with hyperactivity-impulsivity. Given a symptom count relative to retrospective recall, Bernadette's scores of nine fell within the clinically significant range, for both inattention and hyperactivity-impulsivity. Further, Bernadette's summary scores compared to the norms in both the areas of inattention and hyperactivity-impulsivity also fell within the clinically significant range. On the Current Symptoms Scale, Bernadette endorsed seven symptoms associated with inattention and four symptoms associated with hyperactivity-impulsivity. Bernadette's symptom count relative to norms in the area of inattention fell in the clinically significant range and in the area of hyperactivity-impulsivity was elevated, but did not fall within the clinically significant range. Finally, Bernadette's summary score in the area of inattention

Name: Bernadette Bibber

fell in the clinically significant range, however, her summary score in the area of hyperactivity-impulsivity did not fall within the clinically significant range.

Checklists completed by Bernadette's mother and her cousin were used to corroborate Bernadette's report; norms for these scales are not currently available. A review of the form completed by Mrs. Bibber corroborated Bernadette's report with regard to inattention. Symptoms report on Bernadette by her cousin fell within the normal range.

Bernadette completed the Conners' Continuous Performance Test (CPT), a computerized test of attention. On the CPT, Bernadette made a large number of commission errors indicating impulsive responding and difficulties with inhibiting responses; she gave more variable responses at the end of the test than the beginning indicating an inability to sustain attention; she was highly inconsistent in responding indicating inattentiveness as measured by variability of standard errors; she showed an unusual change in response speed depending on the length of time between letters, indicating problems with attention/arousal; she showed an unusual change in response consistency depending on the length of time between letters, also indicating problems with attention/arousal. Thus, there are numerous indices (i.e., strong evidence) from the CPT suggesting that Bernadette has attention problems.

During an interview with Bernadette, she denied symptoms associated with other psychiatric disorders including Dysthymia, depression, anxiety disorders, substance abuse, and Bipolar Disorder.

Summary

Bernadette is a twenty-one-year-old Colby College Junior, who was self-referred for an evaluation of a suspected Attention-Deficit/Hyperactivity Disorder. Bernadette's developmental history is remarkable for the diagnosis of Dyslexia. Prior cognitive testing substantiates very superior intellectual abilities with processing constraints in the area of immediate auditory memory.   Given prior and current psychological evaluations, Bernadette's assessment profile appears consistent with the diagnosis of Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type.

Recommendations

1) It would be important for Bernadette to educate herself regarding the nature and treatment of Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type. Attached to this report is a list of references.

2) Given Bernadette's ADHD, it is recommended that psychopharmacological intervention be explored with her physician.

Name: Bernadette Bibber

3)   To generate and implement a variety of strategies to increase concentration and school work completion, it will be important for Bernadette to participate in ongoing coaching/counseling with a professional versed in ADHD.

Ann Schoenthaler-Ervin, Ph.D.
Licensed Psychologist
Certified School Psychological Service Provider

EXHIBIT 6

PHOEBE USS, ED. D.
Learning Disability Consultant

Diagnostic Evaluations & Consultations:
Children • Adolescents • Adults

Name:	Bernadette Bibber	School:	Colby College
D.O.B.:	███84	Parents:	Debbie & Frederick
C.A.:	20 years	Date Seen:	12/31/04

Referral and Background Information:

Bernadette, a student at Colby College, has a history of Dyslexia, as do several members of her immediate family. As a young child, she struggled to learn the alphabet, prompting a repeat year in Kindergarten, and was subsequently classified as having a Learning Disability, as well as Visual and Auditory perceptual problems. The classification enabled her to have special education services that addressed her dysfunctional reading and writing skills. Her parents also provided her with special tutoring outside of school. Because she was bright, and had the support of teachers and parents, Bernadette did well in High School, but struggled with Latin I, which she took for 3 years, unable to move on to the next level. Learning a second language is a problem common to dyslexic students as the same struggle that causes them to have problems with reading, spelling and writing in English, carries over to all languages.

When Bernadette was diagnosed with dyslexia, the parents provided her with a private tutor who used a multisensory approach designed specifically for students with dyslexia. She continued to have Wilson tutors through High School, and also received support services for writing. She continues to have problems with reversals of p, d, q, g, etc. Bernadette exhibits a mature attitude towards learning, and has always been conscientious in completing assigned tasks, although it may take her a much longer time than her peers. Although she is an avid reader, she needs extended time to complete a book, as she is unable to skim rapidly, she also has a history of distractibility and disorganization. Strengths are noted in her conscientious work ethic, her good intelligence, and her willingness to put in the extensive time she requires to compensate for her disability. Now in college, Bernadette is facing the prospect of having a second language requirement, a matter that is daunting for her, and the school agreed to reserve decision on this matter until she was able to have an updated evaluation. Bernadette was referred to this writer by Diana King, a leader in the field of Dyslexia.

Name: Bernadette Bibber   Page   2

Test Results:

Wechsler Adult Intelligence Scale - III   (WAIS-III)

Verbal	SS*	Performance	SS*
Vocabulary	15	Picture Completion	15
Similarities	17	Digit Symbol/Coding	9
Arithmetic	14	Block Design	14
Digit Span	7	Matrix	15
Information	15	Picture Arrangement	15
Comprehension	18	Symbol Search	(11)

	St Score **	%ile
Verbal IQ	128	97
Performance IQ	125	95
Full Scale IQ	130	98

Processing Factors:		
Verbal Concepts	134	99
Perceptual Organization	130	98
Working Memory	99	47
Processing Speed	99	47

*   Average score is 8 – 12
** Average Score is 90 - 110

Woodcock Reading Mastery Test - Revised (WRMT-R)

	Grade	SS	%ile
Word Identification	10.8	97	41
Word Attack	9.3	97	41
Word Comprehension	16.6	110	75
Passage Comprehension	16.9	120	91

Wide Range Achievement Test - 3 (WRAT-3)

	Grade	SS	%ile
Spelling	H.S.	94	34
Arithmetic	H.S.	114	83

Test of Written Language - 3   (TOWL-3)

	SS	%ile
Contextual Conventions	16	
Contextual Language	17	
Story Construction	18	
Spontaneous Writing Quotient	143	99

Bender Test of Visual Motor Integration
Gardner Test of Reversal Frequency
DSM IV Symptom List for ADHD

Discussion of Test Results:

Bernadette is a delightful young adult who is clearly bright and verbal, and exhibits an enthusiastic attitude toward learning and has accepted her disability. Even

Name: Bernadette Bibber   Page   3

when she speaks about her learning problems, she does not feel sorry for herself, and continues to be an energized student, happy to be at the college of her choice.

Results of the WAIS-III confirm that she is a very bright student, seen in her Verbal Scale IQ of 128, Performance Scale IQ of 125, and Full Scale IQ of 130, all of which are in the superior range. Her language skills are excellent, as are her higher-level thinking, and ability to understand abstract concepts are consistent with expectations for the type of college she attends. Weakness is evident in the areas of Working Memory and Processing Speed, skills that are typically problematic for dyslexics. Slow scanning of graphic symbols on the Digit Symbol/Coding and Symbol Search subtests is frequently seen in the profiles of dyslexic students, as they are not able to efficiently store the graphic patterns that are essential to functional reading. The discrepancy of 31 points between Processing Speed and Full Scale IQ in this profile is statistically and diagnostically significant for dyslexia. As a follow up to this finding, Bernadette was asked to complete the Reversal Frequency test. This task consists of patterns of lower case letters and numerals, some of which are "facing the right way" and some of which are reversed. The student is asked to cross out all of the items that are reversed. Bernadette made a significant number of errors in this task, confirming marked confusion in her visual perception skills, and letter and number discrimination.

Reading was measured with the WRMT-R, which has several sections. When reading a list of unrelated words, Bernadette earned a grade level score at 10th grade, (SS 97). The Word Attack section consists of nonsense words, making demands on the student's phonetic decoding skills. These skills were at 9th grade level (SS 97). When content is available, Bernadette is able to get meaning from her reading, earning college level scores on both the Word Comprehension and Passage Comprehension subtests, but she does make errors, and often miscues on multisyllabic words.

Written expressive language was measured with the Spontaneous Writing Section of the TOWL-3. In this task the student is asked to compose a narrative in response to a picture prompt, which can then be scored for spelling and punctuation, vocabulary and language usage, and development of the story itself. The norms only go up to age 18, and that is the base for her scores. Bernadette wrote a comprehensive narrative, with great detail and sophisticated dialogue, reflecting her excellent ability to organize and plan her writing. Although there are spelling errors, i.e. "writting" (writing), "vallys" (valleys), and "seperating", her use of language was appropriate for a bright college student.

Symptoms for Attention Deficit Disorder were reviewed with Bernadette, and later with her mother, and there was clear consistency between the two respondents. Bernadette acknowledges all of the symptoms for Attention Deficit Disorder, including hyperactivity, none of which I could have observed in this one on one setting. She is chronically distractible, disorganized, restless, and impulsive. She is not frankly hyperactive, but expresses feelings of restlessness and can be fidgety, "on the go", and when younger, quite impulsive. She is not on medication.

Name: Bernadette Bibber   Page   4

Diagnostic Impressions:

Bernadette is a socially appealing, conscientious, and bright student who is in an appropriate college setting. Because she is very bright, has had appropriate remedial tutoring in the past, and is a hard worker, many of her difficulties are masked and not readily apparent, but the profile that emerges from this evaluation reveals continuing difficulties with processing the graphic patterns necessary for efficient reading and spelling skills. Through years of special instruction with Orton-Gillingham methods, Bernadette has been able to master the patterns necessary for reading and writing, but it is highly unlikely that she could master a foreign language with totally different graphic and phonological patterns. She is also coping, quite well it would seem, with many symptoms associated with Attention Deficit Disorder, and her ability to maintain her focus on her ultimate goals is commendable.

Recommendations:

1. Continue to attend Colby College.

2. It is essential that the second language be waived, as given her dyslexia and past history, it is predictable that Bernadette will not be able to master these skills.

3. Encourage use of the computer for all writing tasks so that she can use the spelling check option.

4. No points off for spelling errors on papers or tests. Errors can be identified, and she can be asked to correct them, but she should not have any grade lowered because this is the function of her disability.

5. Classroom notes provided in each classroom, either by an instructor or by a competent student who can make copies for her. The school can also provide mark-sense paper to the note-takers so that all they need to do is tear off the 2nd sheet for her.

6. Consultation with a neurologist to confirm Attention Deficit Disorder, and to discuss the possibility of appropriate medication. Given her ADD, Bernadette may also benefit from extended time for tests and separate location.

7. Further consultation with this writer, as needed by Bernadette, or the school staff.

Phoebe Liss, Ed.D.
Learning Disability Consultant

1/12/05
cc: Dr. Serdjenian